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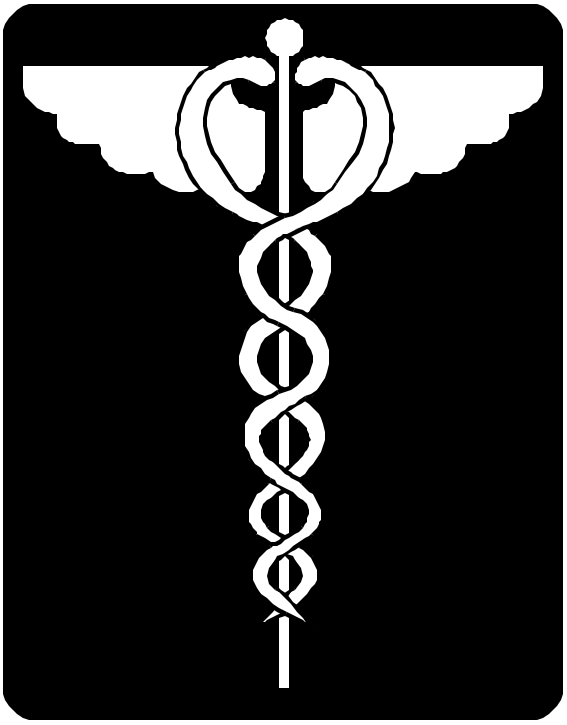
2002 Statewide Medical & Health Disaster Exercise

EXERCISE CONTACT TOOLKIT

State of California
Emergency Medical Services Authority



NOVEMBER 14, 2002

State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002

Executive Summary

Dear Exercise Contact,

It is time again for the 2002 Statewide Medical and Health Disaster Exercise! This is the California's 4th annual exercise, and we continue to expand the number of participants to incorporate hospitals and other healthcare providers (including long-term care facilities and clinics); pre-hospital care providers, auxiliary communication networks, blood banks and local and regional government agencies.

The 2001 exercise dealt with a hazardous materials release requiring decontamination and sheltering in place. In keeping with the previous theme of "man-made" disasters and in addressing the current hazards and threats that confront emergency managers and the healthcare community, the Exercise Planning Committee has designed this year's scenario around a radiological event and exercise.

This year's Statewide Disaster Medical and Health Management Conferences also will be devoted to radiological emergencies. The conferences will be held on October 1st in Ontario, October 3rd in Commerce and October 15th in San Rafael. For more information on the conferences, visit the website at www.creativeeventsolutions.net/disaster.

The 2001 exercise introduced "sheltering-in-place". This year's exercise incorporates "sheltering" again to reinforce the critical policy decisions and procedures involved in its implementation. In addition, this year's scenario includes the treatment of radiologically "contaminated" patients requiring decontamination to emphasize the learning principles from previous exercises.

The Operational Area (county) Exercise Contact is your point of contact for planning, questions and organization for the exercise. Please see pages 32-37 of this guidebook for the listing of Exercise Contacts.

Important Timelines and Deadlines

Healthcare Facilities and Ambulance Providers:

September 13, 2002	Deadline to fax Intent to Participate Form (page 10) to the Operational Area Medical/Health Exercise Contact (see list of contacts on pages 32-37).
November 14, 2002	Exercise begins at 0700 am with event occurring at 0800 am. During the exercise, agency/facility status reports are due to the Operational Area Emergency Operation Centers. See the scenario for timelines.
November 29, 2002	Deadline to complete and mail the appropriate Master Answer Sheet (pages 13 or 17) to the California EMS Authority (see address on form) to receive a participation certificate.

Amateur Radio and Emergency Auxiliary Communications Systems (ACS):

September 13, 2002	Deadline to fax Intent to Participate Form (page 11) to the Operational Area Medical/Health Exercise Contact (see list of contacts on pages 32-37).
November 14, 2002	Exercise begins at 0700 am with event occurring at 0800 am. During the exercise, status reports will be radioed to the Joint Emergency Operations Center (JEOC) beginning at 1100 am.
November 29, 2002	Deadline to complete and mail the Master Answer Sheet (page 21) to the California EMS Authority (see address on form) to receive a participation certificate.

Thank you for your commitment to disaster medical planning and preparedness.
We look forward to hearing about your successful exercise!

State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002

Exercise Contact Toolkit

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The following materials are offered to assist you in your preparation for the exercise and performance during the exercise.

Pre-Exercise Checklist

Preparing the Materials

Compile, at a minimum, the following materials:

- 2002 Statewide Medical & Health Disaster Exercise Guidebook for November 14, 2002 from the Emergency Medical Services Authority, focusing on the following documents:
  - Exercise Objectives (Exercise Guidebook, page 2-4)
  - Exercise Scenario (Exercise Guidebook, page 5-7)
  - Intent to participate Forms
    - Healthcare Facility/Ambulance Provider (Exercise Guidebook, page 10)
    - Auxiliary Communications Systems (ACS) (Exercise Guidebook, page 11)
    - Operational Area (Exercise Guidebook, page 12)

  Note: Supplies of the printed Exercise Guidebook are limited. For additional copies, please visit the website at www.emsa.ca.gov/dms2/hospambex.asp.

- Messages developed from the scenario to provide to the participants within the Emergency Operations Center (EOC) and messages for the Auxiliary Communications System groups within your OA.
- A list of key contact information for participants and outside organizations.
- Critique forms used by your organization and the "Hotwash/Debriefing Form" in this exercise Contact Toolkit, pages 25-27.

Coordination with Other Organizations

Since September 11, 2001, the work life of the emergency manager changed dramatically and workloads increased. The Disaster Exercise Planning Committee recognizes that while the exercise is very important for the medical and health system and the operational area to participate in, the Exercise Contact will, most probably, be taking on the exercise as an additional duty. Therefore, the Exercise Planning Committee recommends that the Exercise Coordinator:

- Remember that the focus of the exercise is on the hospitals, ambulance providers, auxiliary communications systems personnel and governmental agencies involved with medical and health response. These are the key players that should be targeted for participation in the exercise.
- You can create a focused exercise in your operational area and expand the exercise to other participants and agencies—limited only by your time and enthusiasm for the exercise!

- ✍ To increase "realism" of the exercise, consider using people as patients rather than paper or mock patients. This scenario lends itself to some basic moulage, adding more "believability" to the exercise.

Mandatory Contacts and Participants in the Operational Area

1. Each Exercise Contact is strongly encouraged to contact the following entities within the operational area no later than **September 13, 2002** to ascertain participation in the exercise:
   - ✍ Hospitals and other healthcare facilities
   - ✍ Ambulance Providers
   - ✍ Auxiliary Communications System (ACS) providers
   - ✍ Medical and Health Operational Area Coordinator (MHOAC)
   - ✍ Medical and Health branch of the operational area EOC
2. Each entity participating in the exercise should designate a representative to liaison with the Exercise Contact in preparing for the exercise.
3. Conduct at least two (2) pre-exercise, preparatory meetings with the participants within your OA:
   - ✍ Discuss level of participation and collaborate on the development of community scenarios.
   - ✍ Provide participants with phone numbers to reach the Exercise Contact on the day of the exercise, as well as relevant fax and e-mail addresses.
   - ✍ Inform participants of potential conflicts or competing activities that may occur that day.
   - ✍ Communicate procedures to terminate the exercise both within the OA and within each participating entity, should an actual emergency occur during the exercise. Many agencies use the term "time out" to stop exercise play.
   - ✍ Identify where and how information is to be communicated within participating organizations during the exercise, and how it is to be marked, e.g., "This is a Test," "This is a Drill," or "This is an Exercise."
   - ✍ Identify a person (or agency) that will enter information into RIMS during the exercise.
   - ✍ Invite other participating agencies, departments or organizations to briefings or training for the exercise.
   - ✍ Contact and update other agencies, departments or organizations about any last-minute changes in participation or communications.

Optional Contacts and Participants in the Operational Area

Expanding the exercise in your OA could be considered. The following entities are recommended to involve in the exercise, if possible:

- ✍ Local Emergency Medical Services Agency
- ✍ County Health Officer
- ✍ Local law enforcement
- ✍ Local fire departments
- ✍ Local Office of Emergency Services staff
- ✍ Local schools and/or school officials (even if only in a tabletop)
- ✍ Coroner agency
- ✍ Environmental Health
- ✍ Public Utilities
- ✍ Local Fish and Game
- ✍ Others as identified by the scenario or the unique OA entities

There are many ways that other entities (such as those listed above) can participate in the exercise even if they do not participate in the full exercise with the community. Some suggestions to involve those entities include:

- Act as a conduit of information
- A participant in communications tests, passing two-way messages
- Participate in a tabletop exercise within their organization or with the EOC

Coordination with the Media

Work closely with the local agencies/departments Public Information Officer to define how the media will be addressed during the planning process, during the exercise, and post exercise. Prepare media releases in advance and sound bites can even be pre-recorded. Be sure that an area for briefing the media is designated away from the exercise area (if local agencies/departments determine that such coverage would be disruptive to completing the exercise objectives).

For examples of Public Service Announcements and Media Advisories, see pages 8 and 9 in the 2002 Statewide Medical & Health Disaster Guidebook.

Scheduling Personnel, Space, and Equipment

Logistics are critical for successful exercise outcomes. To do this you can:

- Schedule all Disaster Exercise participants in advance to coordinate their schedules. For critical positions, schedule back-up participants who are also briefed and trained prior to the exercise.
- Put the exercise date on local agencies/departments calendars, in-house publications or computer schedules so all involved personnel save the date when they are scheduling other activities.
- Identify and reserve the exercise location/space before the exercise.
- Monitor the exercise area to make sure construction or other changes do not hinder the layout for performance of the exercise, e.g., removal of the phone lines from the room, or removal of the chairs and tables.
- Develop a checklist of the equipment you will need to support the exercise.
- Check all equipment for proper functioning and operation before the exercise.

Reporting Intent

Each participating entity will define its level of participation and complete the "Intent to Participate" form (see pages 10 &11 in the 2002 Statewide Medical & Health Disaster Guidebook). The participating entity will fax the "Intent to Participate" form to the Exercise Contact by **September 13, 2002**. Upon receipt of the form, the Exercise Contact will compile the participant totals (see page 12).

The Exercise Contact will complete the "Operational Area Intent to Participate" form (see page 12 in the 2002 Statewide Medical & Health Disaster Guidebook):

- Total the numbers of participants in the Operational Area.

- The Exercise Contact should ascertain the number of other agencies or departments that will participate in the disaster exercise.

- ✍ The Exercise Contact will fax the "Operational Area Intent to Participate" form to the Regional Disaster Medical Health Specialist (RDMHS) no later than close of business on **September 13, 2002**. (See page 38 in the 2002 Statewide Medical & Health Disaster Guidebook for the listing of RDMHS contact numbers).

Developing Local Scenarios

The scenario in the 2002 Statewide Medical & Health Disaster Exercise Guidebook details a sequence of events (see pages 5-7) to be used by participants. This sequence provides the overall anticipated schedule of activities that all participants are expected to incorporate into their exercise. Local agencies and departments may plan an extended exercise scenario or alter the scenario to meet the needs of the OA or organization. Local agencies/departments will decide the scale and intensity of participation and their role in transmitting information from the hospitals and ambulance service providers through the chain of government communications.

Exercise Conduct

Pre-Exercise Survey of Resources

Changes often occur at the last minute and these can interfere with a successful exercise. Organize a team of "checkers" who do nothing more than check facility readiness, materials, storage lockers, phones, fax machines and other communications systems the evening before and the morning of the exercise.

Briefing of Participants

Prepare the participants with background information to set the scene immediately before the operation begins. The Guidebook provides an excellent scenario opening to assist with this, but you may wish to include local details specific to operations, policies and procedures to further stimulate participants.

"This is only an exercise!"

During the briefings, and throughout the exercise on November 14th, it is very important to stress that this is **only an exercise** to all participants and agencies/departments. Written materials and scripts should denote and emphasize this is only an exercise. Oral communications and instructions should reinforce the "exercise" status.

Ending the Exercise for an Actual Emergency

Should there be a need to close down the exercise due to an actual emergency situation or event, the State Exercise Control Cell, located at the Joint Emergency Operations Center, will notify the RDMHSs to stop the exercise. The State Exercise Control Cell will give a "Terminate the Exercise" order and the exercise will be immediately terminated. Each Operational Area Exercise Contact will be notified by the RDMHS to terminate the exercise. If there is an actual emergency, you may be directed to report to your assigned disaster operations locations for an immediate briefing.

Reporting Situation/Status Information to the Operational Area (OA)

Each participating agency will compile situation and status information utilizing their own operational area forms and report to the individual Operational Area according to OA policies. **The participants will begin transmitting their situation/status reports to the OA by 11:00 am on the day of the exercise.**

RIMS: Reporting Operational Area Situation/Status into RIMS

NOTE: It is very important that the "training" module in RIMS is utilized to enter data during the exercise. When RIMS is accessed, be sure that you are in the TRAINING SECTION before data entry.

The Response Information Management System (RIMS) is an Internet based information management system and consists of a set of databases designed to collect information on the disaster situation, communicate action plans and request mission assignments. RIMS is accessed and utilized by operational areas, regional and State governmental agencies.

The RIMS Situation/Event Report will be entered before the exercise.

- Please enter RIMS information only under the ***Status Report*** Field, not the Event or Situation report field.
- The Event is named: ***2002 Medical and Health Disaster Exercise***. It is very important to enter the Operational Area RIMS information under this event name and not a similar exercise/event/name. Do not create a new name for the exercise; enter all data under this event name only.

On the day of the exercise, November 14, 2002, the Operational Area will enter information into RIMS at the following intervals:

- Enter an initial status report **within one (1) hour of the beginning of the exercise**, or at approximately 0900 am. This initial report is a "snap-shot" of the status of the OA and can be modified and expanded in subsequent reports.
- Enter status information obtained from participants beginning at 11:30 am or later, compiling the information and reporting aggregate data.

Essential initial status (or "snap-shot") **information** to be entered into RIMS should include:

- Hospital Status (RIMS Status Report Number 8.b.)
- Estimated Casualties: Major and Minor (RIMS Status Report Number 7.a and b.)
- Overall Medical/Health Critical Issues (RIMS Status Report Number 19)
- Bed Availability (RIMS Status Report, Bed Availability, Resources Available)

Expanded and ongoing status information to be entered into RIMS may include, but is not limited to:

- Hospital Status (RIMS Status Report Number 8.b.)
- Bed Availability for the next 8 and 24 hours (RIMS Status Report, Bed Availability, Resources Available)

- Estimated Casualties: Major and Minor (RIMS Status Report Number 7.a and b.)
- Status of SNF's, clinics and/or Field Treatment Sites (RIMS Status Report Number 9)
- Medical/Health Critical Issues (RIMS Status Report Number 19)
- Medical mutual aid needs for personnel, supplies and transport (RIMS Status Report Number 10)

Auxiliary Communications Systems (ACS)

See the Auxiliary Communications Systems guidebook at www.emsa.ca.gov.

Post-Exercise Critiques and Reporting

Local agencies/department coordinators should plan a unified debriefing, after the exercise is complete. Utilize the "hot wash" or debriefing points in this toolkit (see pages 25-27) to assist in the evaluation of the exercise. This "hot wash" information will also be needed for the regional and state "hot wash".

During "hot washes"/debriefings, local coordinators and evaluators should:

- Hold meetings in a convenient location in the community.
- Act as the facilitator and allow the participants from government and the private sector to discuss the successes and challenges experienced during the exercise.
- Take meeting notes to be provided later to all participants as a feedback mechanism, including those participants who could not attend the critique.
- Develop a list of improvements needed and action items into three categories:
  - –Short Term (less than six weeks to accomplish)
  - –Mid Term (up to three months)
  - –Long Term (greater than three months)
- When possible, organize a task group from critique participants to follow-up on the action items over the next three months.
- End the meeting on a high note and remind participants about the certificates from EMSA, as well as upcoming conferences to discuss the statewide results.

Participant Recognition

After the exercise, Certificates of Participation will be issued to all exercise participants upon return of the Exercise Evaluation "Master Answer Sheet" (see pages 13, 17 and 21 in the 2002 Statewide Medical and Health Disaster Exercise Guidebook) to:

Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814

Attn: Disaster Exercise

Additional Information:

Should the Exercise Contact wish to have other organizations or people who facilitated the exercise to receive recognition and a certificate of participation or certificate of leadership, please contact Cheryl Starling at 916-322-4336, Extension 463 or email at cheryl.starling@emsa.ca.gov.

End Notes:

If you have any questions or inquiries about the 2002 Statewide Medical & Health Disaster Exercise, please contact your Regional Disaster Medical/Health Specialist (RDMHS). See page 38 in the 2002 Statewide Medical and Health Disaster Exercise Guidebook for the listing of RDMHS contact information.

8:00 A small explosive detonates in the storage area of a local high school. Local dispatch and 9-1-1 is flooded with calls reporting the explosion, injuries and fatalities and requests for help. Local emergency responders are dispatched to the scene.

On approach to the scene, the school principal reports that a call came in to the school office just before the detonation occurred and the caller stated that a "dirty bomb" was going to explode.

- Emergency responders arrive on scene and report student and school personnel evacuating the school and congregating on the basketball courts, approximately 1000 feet from the area of explosion;
- The emergency responders establish a safe perimeter around the immediate area;
- Law enforcement arrives on scene and establishes a secure perimeter of several blocks surrounding the school. Residents within that perimeter are being evacuated.
- Law enforcement, bomb squad and hazardous materials teams confirm that there is an unknown amount of radioactive material incorporated into the dispersal device.
- Victims are found near the area of the explosion including two unconscious with traumatic injuries and one dead.
    - The two unconscious victims have readings of 2000 counts per minute.
    - This information is communicated to the incident commander
- News reporters and helicopters surround the area. Local law enforcement are contacting the Federal Aviation Administration (FAA) to establish a "no fly" zone over the area.

8:25 Local hospitals receive notification of the event including the radiological contamination and are advised to prepare for possible contaminated victims. The hospitals and EMS personnel are monitoring the media for details of the incident.

8:30 Hospitals and healthcare providers activate Emergency Management Plans and hospital emergency operations centers (EOC) and prepare for possible decontamination of arriving patients.

8:45 Law enforcement reports that the parents of the school children are congregating at the perimeter lines and are demanding to be let into the area to be with their children. Prehospital providers notify **ALL hospitals** in the area that **each facility** will be receiving at least two (2) radiologically contaminated patients within 15 minutes. The patients that each hospital will receive are described below:

Two unconscious patients are extricated from the area and are loaded into ambulances for transport to the hospital. *Patient number one* is a teenager with shrapnel wounds in the abdomen and the arm, vital signs stable; *patient number two* is an adult with no visible

8:45 wounds but is bleeding from the nose and ears and has a swollen abdomen with unstable vital signs.

8:50 Parents of school children begin arriving at the hospital. Press and media are demanding information.

9:00 The contaminated patients arrive at the hospital. Patient number 1 has readings in of 50 millirem/hour (mR/hr) at 2 inches from the shrapnel wounds in the abdomen and 10 mR/hr at 2 inches from the wounds in arm. After removal of the shrapnel and its placement in a shielded container, patient number 1 has contamination readings of 1,000 to 1500 counts per minute (CPM) on the abdomen and 2,000 CPM on the arm. Patient number 2 has generalized contamination readings of 2,000 CPM with localized contamination readings of 10,000 CPM on his hands.

9:10 The Regional Emergency Operations Center, the Joint Emergency Operations Center and the State Operations Center are now open and receiving requests for assistance in the local area.

9:30 Another explosion occurs in the community at the telephone network/communications building and all phone service to the hospital and the surrounding area, including the Operational Area Emergency Operations Center (EOC), is disrupted. Auxiliary communications, both internal and external, are activated. This explosion is determined to be free of radiological materials and there are NO injuries or victims reported from this second explosion.

9:45 The hospital is notified that there are 15 patients inbound from the school with minor lacerations, abrasions and anxiety. They have been fully evaluated in the field and are not radiological contaminated.

These patients arrive and are able to ambulate to the emergency department without assistance. The patients are all teenagers between the ages of 15–18 years old. No serious injuries are noted.

10:00 The local public health officials have determined that a small release of radioactive material has occurred from the school site. Although most hospitals and other agencies and schools are downwind of the release, the local public health department and local Office of Emergency Services recommends sheltering-in-place for the next ½ hour. The expected radiation dose from the release is approximately 30 millirem. This dose is roughly equivalent to a chest x-ray and approximately 1/10th of the annual background dose.

The decision is made to shelter-in-place and orders go out to facility managers to begin the process.

Decisions confronting hospitals, healthcare facilities and all agencies may include:

- **How secure is the facility to protect patients and staff from people entering without triage or decontamination?**

- **Will you maintain the shelter-in-place order strictly and prohibit the patients and others from entering the facility?**
- **What will you do with the patients and family arriving at your facility that are not related to the school event? For example: A heart attack victim from another area of the community whose condition is unrelated to the event?**

10:10 Public Health announcements via the public alert system go out to residents advising them to stay indoors, turn off any heat/air conditioning or ventilation systems.

10:30 The release of radioactive material has dissipated and the local health officer announces that sheltering-in-place can be discontinued. Fire officials and hazardous materials response teams have identified the radiological substance as **Iridium 192**. The emergency responders, hospitals and the public are notified.

Reminder to exercise controller, identification of the agent should not be revealed to participants until this point in the exercise.

The media continue to arrive at your agency/facility and are demanding to interview patients and staff.

10:35 Phone service has been re-established in the area.

11:00 All facilities, agencies and providers report status to the Operational Area.

11:30 The Regional Emergency Operations Center begins to receive reports from the Operational Area and relays the information and resource requests to the Joint Emergency Operations Center and the State Operations Center.

12:00 Exercise ends.

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Emergency Medical Services Authority
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Glossary of Terms

Auxiliary Communications Services (ACS)	The Auxiliary Communications Service (ACS) is an emergency communications unit that provides State and local government with a variety of professional unpaid [volunteer] skills, including administrative, technical and operational for emergency tactical, administrative and logistical communications; such as with its agencies, cities within the Operational Area, neighboring governments, and the State OES Region. Its basic mission is the emergency support of civil defense, disaster response, and recovery with telecommunications resources and personnel.
California Amateur Radio Emergency Services (CARES)	CARES is specifically tasked to provide amateur radio communications support for the medical and health disaster response to state government.
Communications Exercise	The communications exercise is designed to test and evaluate communication systems including lines and methods of communicating during a disaster. Alternative communication systems can also be tested, including amateur radio, cell, and satellite systems, among others.
Decontamination	**Radioactive materials**: The reduction or removal of radioactive material from a structure, area, person or object. A surface may be treated, washed down or swept to remove the contamination. Isolating the area or object contaminated, and letting the material stand can also control contamination. **Hazardous materials**: Decontamination consists of removing contaminants or changing their chemical nature to innocuous substances.
"Dirty Bomb"	See: Radiological Dispersal Device
Emergency	A condition of disaster or of extreme peril to the safety of persons and property caused by such conditions as air pollution, fire, flood, hazardous material incident, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestations or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake or other conditions, other than conditions resulting from a labor controversy.
Emergency Management	The organized analysis, planning, decision making, assignment, and coordination to available resources to the mitigation of, preparedness for, response to, or recovery from emergencies of any kind, whether from man-made attack or natural sources.
Emergency Operations Center	A centralized location from which emergency operations can be directed and coordinated.

Glossary of Terms

Full Scale Exercise	This type of exercise is intended to evaluate the operational capability of emergency responders in an interactive manner over a substantial period of time. It involves the testing of a major portion of the basic elements existing in the emergency operations plans and organizations in a stress environment. Personnel and resources are mobilized.
Hazardous material	A substance or combination of substances, which, because of quantity, concentration, physical, chemical radiological, explosive, or infectious characteristics, poses a substantial present or potential danger to humans or the environment.
Hazardous material incident	Any release of a material capable of posing a risk to health, safety and property. Areas at risk include facilities that produce, process, transport or store hazardous material, as well as all sites that treat, store, and dispose of hazardous material.
Hospital Emergency Incident Command System (HEICS)	HEICS is an emergency management system that employs a logical, unified management (command) structure, defined responsibilities, clear reporting channels, and a common nomenclature to help unify hospitals with other emergency responders. Information on HEICS can be obtained through the California EMS Authority at 916-322-4336 or on the website at www.emsa.ca.gov.
Incident Command System (ICS)	The nationally used standardized on-scene emergency management concept specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demand of single or multiple incident without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, with the responsibility to management of resources to effectively accomplish stated objectives pertinent to an incident.
Iridium 192	Iridium-192: A radioactive isotope of the element Iridium. It emits beta and gamma radiations. Iridium-192 has a half life of 73.8 days (In 73.8 days one half of the starting amount will have decayed.). Iridium-192 is commonly used in medicine and industry. In both of these fields, the Iridium-192 is encapsulated in a small stainless steel tube. These types of radioactive sources are called sealed sources. The beta radiations are blocked by the steel tube. However, the gamma radiations are not. In radiation oncology Iridium-192 is used to treat cancer. The gamma radiations from the Iridium-192 are used to kill the cancer cells. In industry, Iridium-192 is used for industrial radiography. X-ray film is placed on an item and the radioactive source is positioned so that a picture of the interior of the item can be made. This allows the testing personnel to determine if the quality of critical welds meets standards, if metal has fatigue cracking, and other useful information. Typical industrial radiography Irdium-192 sources may have as much as 100 Curies of radioactivity when the source is new. Irdium-192 may be used in research and laboratories.

Glossary of Terms

Local Emergency (State definition)	The duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the territorial limits of a county, city and county, or city, caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, earthquake or other conditions which are, or are likely to be, beyond the control of the services, personnel, equipment and facilities of a political subdivision and require the combined forces of other political subdivisions to combat.
Long-Term Care Facilities	A collective term for healthcare facilities designated for the care and treatment of patients or residents requiring rehabilitation or extended care for chronic conditions. The Department of Health Services, Licensing and Certification Division license these facilities.
Medical and Health Operational Area Coordinator (MHOAC) **(Formerly known as OADMHC)**	The OAC is responsible for coordinating mutual aid resource requests, facilitating the development of local medical/health response plans and implementing the medical/health plans during a disaster response. During a disaster, the OAC directs the medical/health branch of the Operational Area EOC and establishes priorities for medical/health response and requests. This coordinator was formerly known as the Operational Area Disaster Medical/Health Coordinator.
Operational Area	An intermediate level of the State emergency services organization, consisting of a county and all political subdivisions within the county.
Radio Amateur Civilian Emergency Services (RACES)	The RACES is a local or state government program established by a civil defense official. It becomes operational by: 1) appointing a Radio Officer, 2) preparing a RACES Plan, and 3) training and utilizing FCC licensed Amateur Radio operators. RACES (whether part of an ACS, or as a stand along unit) is usually attached to a state or local government's emergency preparedness office, or to a department designated by that office, such as the sheriff's, or communications department.
Radiation	There are three types of radiation: (1) alpha, (2) beta, and (3) gamma.
Radiological Dispersal Devices (RDD)	A conventional Explosive incorporating nuclear materials
Regional Emergency Operations Center (REOC)	The Regional Emergency Operations Center (REOC) is the first level facility of the Governor's Office of Emergency Services to manage a disaster. The REOC provides an emergency support staff operating from a fixed facility, who are responsive to the needs of the operational areas and coordinates with the State Operations Center.
Standardized Emergency Management System (SEMS)	SEMS is the emergency management system identified by Government code 8607 for managing emergency response to multi-agency or multi-jurisdictional operations. SEMS is based on the Incident Command system and is intended to standardize response to emergencies in California.
State Operations Center (SOC)	The SOC is established by OES to oversee, as necessary, the REOC, and is activated when more than one (1) REOC is opened. The SOC establishes overall response priorities, and coordinates with federal responders.

Glossary of Terms

Status Codes	**Green**: Provider is able to carry out normal operational functions **Yellow**: Some reductions in patient services, but overall, provider is able to carry out normal operational functions **Red**: Significant reductions in-patient services. Emergency services only being provided. **Black**: Provider has been severely affected. Unable to continue any services
Tabletop Exercise	An exercise that takes place in a classroom or meeting room setting. Situations and problems presented in the form of written or verbal questions generate discussions of actions to be taken based upon the emergency plan and standard emergency operating procedures. The purpose is to have participants practice problem solving and resolve questions of coordination and assignment in a non-threatening format, under minimal stress.
Terrorism	The calculated use of violence or the threat of violence to attain goals that are political, religious, or ideological in nature. This can be done through intimidation, coercion, or instilling fear. Terrorism includes a criminal act against persons or property that is intended to influence an audience beyond the immediate victims.

State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002

Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
Alameda	Jim Morrissey Alameda EMS 1000 Broadway Ste. 5000 Oakland, CA 94607	Phone: 510-267-8080 Fax: 510- 465-5624 Email: jimorri@.co.alameda.ca.us
Alpine Amador Calaveras Stanislaus	Doug Buchanan Deputy Director Mountain Valley EMS 1101 Standiford Ave Modesto, CA 95350	Phone: 209-529-5085 Fax: 209-529-1496 Email: dbuchanan@mvemsa.com
Butte	Dr. Mark Lundberg Health Officer 202 Miraloma Oroville, CA 95965	Phone: 530-538-7581 Fax: 530-538-2165 Email: mlundberg@buttecounty.net
Colusa	Nancy Parriott 251 E. Webster St. Colusa, CA 95932	Phone: 530-458-0380 Fax: 530-458-4136 Email: nparriott@ncen.org
Contra Costa	Dan Guerra Contra Costa EMS 1340 Arnold Dr. Ste 126 Martinez, CA 94590	Phone: 925-646-4690 Fax: 925-646-4379 Email: dguerra@hsd.co.contra-costa.ca.us
Del Norte	Kathy Stephens Del Norte Public Health 800 Northcrest Dr. Crescent City, CA	Phone: 707-464-7227 Fax: 465-6701 Email: kstephens@co.del-norte.ca.us
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Operational Area (County) Medical/Health Exercise Contacts

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Operational Area (County) Medical/Health Exercise Contacts

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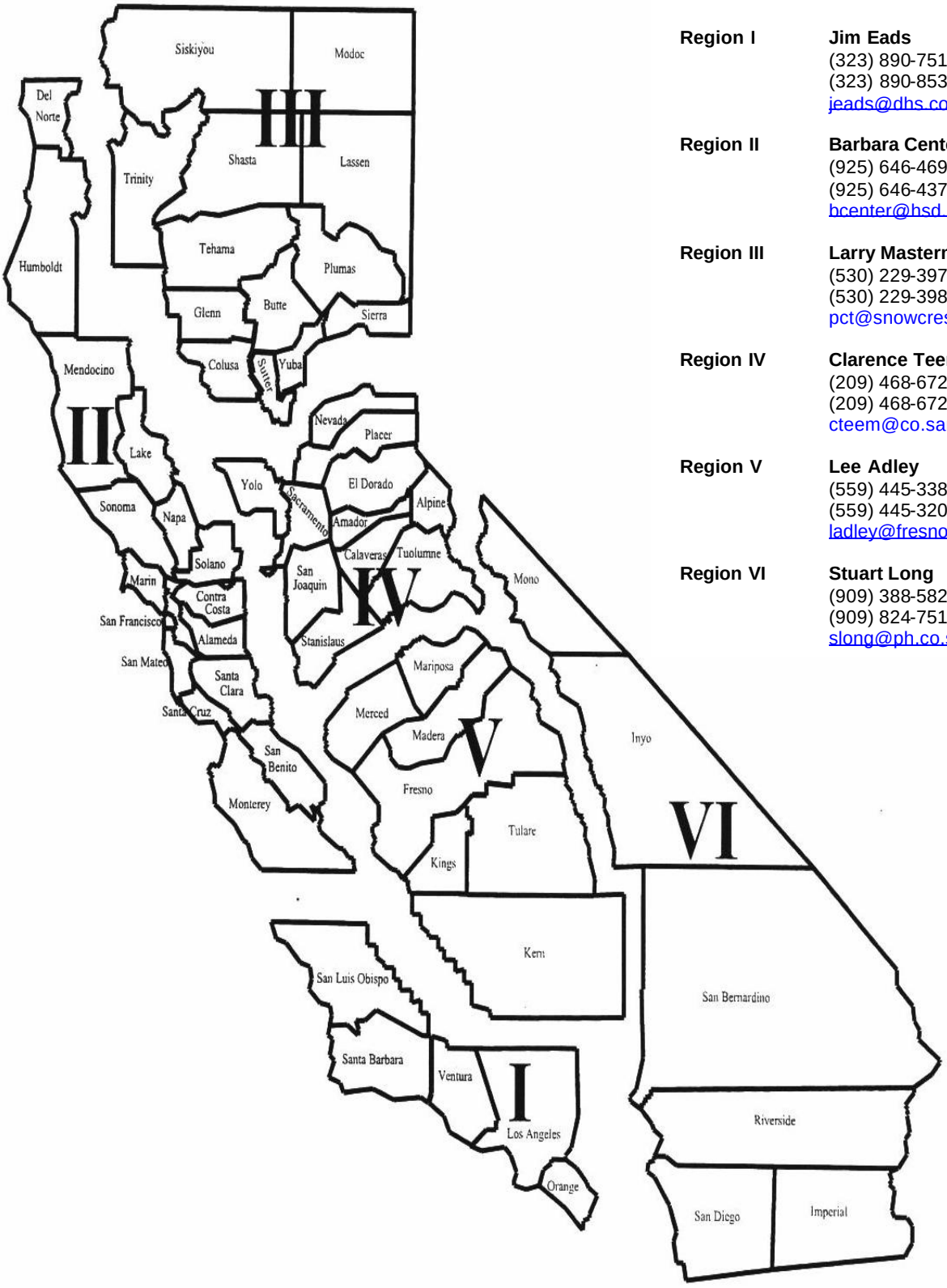
OES Mutual Aid Regions



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State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002

RESPONSE INFORMATION MANAGEMENT SYSTEM (RIMS)
TIPS AND SUGGESTIONS
USE OF RIMS DURING THE 2002 EXERCISE

I. RIMS Access Issues:

a. Established RIMS users have a password into RIMS and will log onto RIMS using their individual assigned access and password.

b. If you do not have RIMS access, please contact Cheryl Starling at the EMS Authority at 916-322-4336 or cheryl.starling@emsa.ca.gov for a temporary password assignment and the procedure for obtaining RIMS access.

II. RIMS System Issues and Use:

a. In order to view all fields in RIMS pages, the computer display must be set to at least 800 X 600 pixels. If not set at this minimum pixel display, you will not be able to view all the items on the screens.

b. It is **essential to utilize the training module** to enter information into RIMS during the exercise!

- ✍ When RIMS is accessed, click on the bar "**Click here for RIMS Training"**
- ✍ Next click on "SEMS Reports"
- ✍ Enter your username and password
- ✍ You have now accessed RIMS and are on the "Situation Reports--Current Situations" page.
- ✍ Do **not** create an event or incident report. An event and incident report are generally completed by the Governor's Office of Emergency Services (OES) state or regional divisions.
- ✍ For the exercise, the event and situation reports will be created by the planners and entered into RIMS early in the morning of November 15, 2001. The exercise event/incident name will be **"2002 Statewide Medical/Health Disaster Exercise."**

III. Entering RIMS Information:

- ✍ The first screen is the "Situation Reports-Current Situations" screen. On this screen, all events are summarized and you can review the current event(s) and other RIMS reports.

RIMS Tips and Suggestions

- To create a Medical and Health RIMS Report:

  - At the top left of the main screen, click on "Create a Report"
  - This opens the pull-down menu to designate the type of report you will be making. Click on "**Status/Medical/Health"** as your *initial* entry.
    - There is also a field named "**Status/Medical Resource Status**" on the pull-down menu. This is a reporting of medical resources (physician, nurses, etc.) and hospital bed capacity projections. This would be an additional report to complete and submit, if possible within two hours of the disaster.
  - Complete the information as required in all the boxes.
    - Note: when asked for the incident name, click on the **"2002 Statewide Medical/Health Disaster Exercise"** from the pull-down menu.
  - Important initial status information should include at a minimum:
    i. Estimated Casualties (RIMS "Status Medical/Health", Number 7)
    ii. Status of Hospitals (RIMS "Status Medical/Health", Number 8)
    iii. Medical/Health Critical Issues and Actions Taken (RIMS "Status Medical/Health", Number 19)
    iv. Bed availability projections ("RIMS Status/Medical Resource Status", Hospital Bed Categorization")

IV. RIMS Access and "Time-Out":

Important note: The RIMS program has a built in "time-out" feature, and will disconnect the user from the system after approximately 30 minutes. In order to save your entered information, please consider the following:

- Have as much information as possible collected and ready for entry into RIMS.
- Complete all "red flagged" or red highlighted areas on the "Create a Report" screen. If all the critical fields are not completed, the report will not be accepted.
- To save the information in RIMS, submit the report, even if not fully completed.
- Once you have submitted the information, it is saved, and the information/report can be "modified. With each modification, the changes are saved and updated, and the most current information saved on the RIMS database and viewing screens. This will prevent loss of information and waste of time should you be "timed-out"!
- To modify your report, on the RIMS menu on the left of the screen, pick the report you want to modify: Status-Medical/Health or Status-Medical Resource Status. Click on the report to open the file.
- A pop-up box will appear, "MODIFY". Click on that box, and update or enter new information as needed.
- Remember the "time-out" feature, and submit the modified information within the 30-minute timeframe.
- The initial data is never lost, it is archived on the RIMS database, but RIMS will display the most current information.

RIMS classes will be made available before the exercise. Please contact your RDMHS or Cheryl Starling at the EMS Authority for information.

Exercise Participant Evaluation

"Hotwash"

After-Action Debriefing

This is a suggested list of questions that will be used by the Operational Area (County) Medical/Health Exercise Contact, or designee, to conduct a debriefing or "hotwash" for the exercise participants. Please elicit as much detail as possible and compile the information.

It is recommended to appoint one person to conduct the debriefing and to moderate as required. A scribe can be directed to track and document comments and recommendations made by the participants during the hotwash. The Operational Area (County) Disaster Medical/Health Exercise Contact, or designee, should compile and submit the hotwash information to the Regional Disaster Medical/Health Specialist (RDMHS) during a regional hotwash to be announced at a later date.

It is suggested to schedule the operational area debriefing as soon as possible after the exercise.

Debriefing Questions

1. Was the information contained in the Disaster Exercise Guidebook clear and concise? What changes/additions would you suggest?

2. Was the "Intent to Participate" form user friendly? Would you suggest any additions or deletions?

3. Were the "Exercise Objectives" clear and applicable to a potential real life situation?

4. Were the instructions on the "Exercise Scenario" clear?

5. Did you change or expand the exercise scenario to meet the needs of your facility? If so, how?

6. What items/sections of the Disaster Exercise Guidebook were not helpful?

7. Any suggestions for improvement in any of the items or sections of the Disaster Exercise Guidebook?

8. Were the pre-exercise time frames/expectations reasonable? What would you do differently?

9. Did you test communication systems?

    a. Did you use an alternative communication system during the exercise (i.e. ACS)?

If yes:

i. Describe the benefits and/or problems with data transmission via ACS radio.
ii. Were two-way messages sent and received?
iii. Was the specific information requested from hospitals, ambulance providers and others useful?
iv. What would you add/delete?
v. How would you resolve any problems or issues in the future?

b. Did you use other communication technologies during the exercise (i.e. fax, email, internet, etc.)?

If yes: What were the benefits and what worked well?
What did not work well, what problems or issues did you have?
How would you resolve any problems or issues in the future?

10. Describe the use of the Response Information Management System (RIMS) in your county.

a. Where and by whom was the information entered into RIMS?
b. Was the information requested from the hospitals pertinent to the situation and helpful to you?
c. Will the overall medical/health information requested on the RIMS forms be pertinent in a real life situation?
d. What suggestions would you offer for revisions to the medical/health RIMS data?
e. What training, administrative or logistical issues need to be addressed?

11. If the Operational Area's Emergency Operations Center was activated:

a. Was the interaction with disaster management officials at the operational area's EOC useful and provide you with direction, information and assistance?

b. Describe your interaction with the EOC in your operational area.
i. What worked well?
ii. What could be improved?

12. What training issues or points did you identify during the exercise that needs to be addressed before the next exercise/actual event?

13. Results of and lessons learned on "sheltering-in-place" of a facility or organization/agency.

14. Any other issues or items for the debriefing?

Debriefing wrap-up:

1. Thank all participants for their collaboration and participation in the exercise.

2. Please **emphasize the value of the statewide disaster exercise**.

   The Statewide Medical & Health Disaster Exercise will be held annually in the first two weeks of November. Participants are encouraged to plan their facility exercises (drills) accordingly to take advantage of this statewide exercise.

3. Remind all participants that the "Master Answer Sheets" for evaluation of the exercise can be found in the 2002 Medical and Health Disaster Exercise Guidebook on pages 13, 17, and 21. The Master Answer Sheets must be completed and mailed to:

   Emergency Medical Services Authority
   1930 9th Street
   Sacramento, CA 95814

   Attention: Disaster Exercise

4. Upon receipt of the evaluation forms, the participant will receive a Certificate of Participation from the State EMS Authority.

Thank you very much for your participation!

State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002

The Emergency Medical Services Authority would like to thank the Disaster Exercise Planning Group members for their contribution to the 2002 Statewide Medical and Health Disaster Exercise Guidebook and planning process.

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